

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

LANCE FELTON

PLAINTIFF

VS.

CIVIL ACTION NO. 3:18CV74TSL-RHW

CITY OF JACKSON, MISSISSIPPI, ET AL.

DEFENDANTS

ORDER

The court has received plaintiff's motion for leave to proceed in forma pauperis. As the motion did not utilize the form prescribed by Federal Rule of Appellate Procedure, which in addition to listing his assets and liabilities, requires him to inform the court of his issues for appeal, the court will provide plaintiff with the correct form. Accordingly, it is hereby ORDERED:

1. That on or before August 5, 2019, plaintiff shall file a completed application for leave to proceed in forma pauperis, which specifies his issues for appeal or pay the required appeal filing fee of \$505.00.

2. The Clerk shall mail the attached in forma pauperis application to the plaintiff at his last known address.

Failure to advise this court of a change of address or failure to comply with any order of this court will be deemed as a purposeful delay and contumacious act by the plaintiff and may result in the denial of in forma pauperis status.

SO ORDERED this 25th day of July, 2019.

/s/Tom S. Lee

UNITED STATES DISTRICT JUDGE

Form 4 of Federal Rules of Appellate Procedure

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
_____ DIVISION

Petitioner

v.

CIVIL ACTION NO. _____

APPEAL NO. _____

Respondent

MOTION TO PROCEED *IN FORMA PAUPERIS*

I, _____, declare that I am the petitioner in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint.

Signed: _____

Date: _____

INSTRUCTIONS

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a questions is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with you name, your case's docket number, and the question number.

AFFIDAVIT IN SUPPORT OF MOTION

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. §1746; 18 U.S.C. §1621)

Signed: _____

Date: _____

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source:	Average monthly amount during the past 12 months	Amount expected next month
	You	You
Employment	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____
Income from real property such as rental income)	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child support	\$ _____	\$ _____
Retirement (such as social security pensions, annuities, insurance)	\$ _____	\$ _____
Disability (such as social security insurance payments)	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly income:	\$ _____	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	GROSS MONTHLY PAY

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	GROSS MONTHLY PAY

4. How much cash do you and your spouse have? \$ _____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

FINANCIAL INSTITUTION	TYPE OF ACCOUNT	AMOUNT YOU HAVE	AMOUNT YOUR SPOUSE HAS

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

HOME (VALUE)	OTHER REAL ESTATE (VALUE)	OTHER ASSETS (VALUE)

[illegible][illegible]

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

PERSON OWING YOU OR YOUR SPOUSE MONEY	AMOUNT OWED TO YOU	AMOUNT OWED TO YOUR SPOUSE
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7. State the persons who rely on you or your spouse for support.

NAME	RELATIONSHIP	AGE

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real-estate taxes included?	[] Yes [] No	
Is property insurance included?	[] Yes [] No	
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ _____	\$ _____

Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): _____	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☐ No If yes, describe on an attached sheet.

10. Have you spent--or will you be spending-- any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☐ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

12. State the city and state of your legal residence.

Your daytime phone number: ____

Your age: _____ Your years of schooling: _____

Last four digits of your social-security number: _____

Signed under penalty of perjury: _____

Date: _____